

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000618

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 53Primary Registration District No. 3010Registrar's No. 6

STATE FILE NUMBER

FILED JAN 7 1963

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Length of stay in 1b <u>25 Years</u>	c. CITY OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>129 S. Frederick St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Clistia</u> Middle <u>Lorine</u> Last <u>Knupp</u>			4. DATE OF DEATH Month <u>January</u> Day <u>1</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/4/98</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>	9. AGE (last birthday) <u>64</u> IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u> IF UNDER 24 HR: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
11a. FATHER'S NAME <u>William Johnson</u>		11b. MOTHER'S MAIDEN NAME <u>Lottie Holcomb</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>		12b. SOCIAL SECURITY NO. <u>303</u>	
13a. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>  </u> DUE TO (c) <u>  </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <u>Arteriosclerosis Heart Disease with Atrial Fibrillation</u>		14. NAME OF HUSBAND OR WIFE <u>E. A. Knupp</u> Address <u>E.A. Knupp Cape Girardeau, Mo.</u> INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>12/20/62</u> to <u>1/1/63</u> and last saw her alive on <u>1/1/63</u> Death occurred at <u>7:45 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John K. Holcomb M.D.</u>		22b. ADDRESS <u>24 N. Spring</u>	
22c. DATE SIGNED <u>1/3/63</u>		22d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/4/63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cemetery</u>		23d. ADDRESS <u>Cape Girardeau, Mo.</u>	
24. FUNERAL DIRECTOR <u>C. J. Lorberg Cape Girardeau, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-3-63</u>	
26. REGISTRAR'S SIGNATURE <u>James Kasten</u>		27. DATE SIGNED <u>1/3/63</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/592168216834 15 167 18 19465X1011123-013 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*C. J. Lorberg*

Licensed Embalmer No.

3810

P. O. Address

Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

This Certificate Taken to Doctor 1/2/63/  
Received back from Doctor 1/3/63